

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1							51		
2							52		
3							53		
4							54		
5							55		
6	1						56		
7		1					57		
8		1					58		
9			1				59		
10			1				60		
11			1				61		
12			1				62		
13							63		
14							64		
15							65		
16							66		
17	1						67		
18		1					68		
19	1						69		
20	1						70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
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34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	6						TOTAL IND.		
TOTAL DEP.	12						TOTAL DEP.		
TOTAL CLAIMS	18						TOTAL CLAIMS		